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**JUN 30 2006**

**FAX COVER SHEET**

**Date:** June 30, 2006

**To:** Mail Stop: Amendment  
Art Unit 1636

**Fax Number:** 571-273-8300

**From:** Jacqueline S. Bley  
Patent Administrator & Paralegal

**Fax Number:** 650-624-4489

**Telephone Number:** 650-624-4585

**Number of Pages (Including Cover):** 20

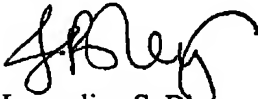
**Re:** Serial Number: 10/740,079  
Attorney Docket Number: 089.00US

Attached please find the following documents for filing:

1. Transmittal Form;
2. Petition for Extension of Time (2 copies);
3. Fee Transmittal (2 copies); and
4. Amendment and Response Under 37 C.F.R. § 1.111.

Thank you and please contact me if you have any questions.

Sincerely,



Jacqueline S. Bley  
Patent Administrator & Paralegal

JUN 30 2006

**FEE TRANSMITTAL  
for FY 2006**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 510**Complete if Known**

Application Number	10/740,079
Filing Date	December 18, 2003
First Named Inventor	Sharat Singh
Examiner Name	Schlapkohl, Walter
Art Unit	1636
Attorney Docket No.	89.00US

**METHOD OF PAYMENT** (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☒ Deposit Account:

Deposit Account Number

502266

Deposit Account Name

Aclara Biosciences  
Inc.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design Issue fee	
1503	1100	2503	550	Plant Issue fee	
1460	—	1460	—	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	780	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1)

(\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim, if not paid	
1204	200	2204	100	**Reissue independent claims over original patent	
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
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1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

SUBTOTAL (3) (\$)

510

**SUBMITTED BY**

Name (Print/Type)

H. Thomas Anderton, Jr.

Registration No.  
(Attorney/Agent)

40,895

Complete (if applicable)

Telephone 650-624-4198

Signature

Date

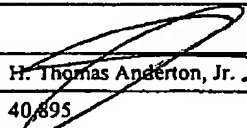
6/30/06

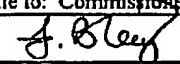
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**JUN 30 2006**

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/740,079
		Filing Date	December 18, 2003
		First Named Inventor	Sharat Singh
		Group Art Unit Number	1636
		Examiner Name	Schlapkohl, Walter
Total Number of Pages in This Submission	18	Attorney Docket Number	089.00US

ENCLOSURES <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: [ 12 ] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [    ] Sheet(s) of Figure(s) [    ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> <u>Petition For Extension of Time</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Print Name:	H. Thomas Anderson, Jr.		
Attorney/Reg. No.:	40,895	Dated:	6/30/06


CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Jacqueline S. Bley	Dated:	6/30/06
Facsimile Number:	571-273-8300		

A1000/00103/DOCS/951157.1

JUN 30 2006

<b>FEE TRANSMITTAL</b> <b>for FY 2006</b> Patent fees are subject to annual revision.		<i>Complete if Known</i>	
		Application Number	10/740,079
		Filing Date	December 18, 2003
		First Named Inventor	Sharat Singh
		Examiner Name	Schlapkohl, Walter
		Art Unit	1636
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	89.00US
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 510			

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502266 Deposit Account Name: Aclara Biosciences Inc. The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath or declaration</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>80</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>610</td><td>Extension for reply within third month</td><td>\$510</td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1462</td><td>500</td><td>2462</td><td>250</td><td>Petition to revive - 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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>20**</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>3**</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table>		Total Claims		Extra Claims	Fee from below	Fee Paid	Independent Claims	20**				Multiple Dependent	3**				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)			1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	**Reissue independent claims over original patent		1205	50	2205	25	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (3) (\$510)																																																																																																																												
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**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																																																																																																																																																																																					

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	H. Thomas Anderton, Jr.	Registration No. (Attorney/Agent)	40,895
Signature		Date	6/30/06
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